DEPARTMENT OF VETERANS AFFAIRS COUNTER RECEIPT - GOVERNMENT LIFE INSURANCE		RECEIPT NO.	
IMPORTANT: This payment will be applied to the insured's Government Life Insurance account(s) in accordance with Department of Veterans Affairs regulations.			
NAME OF REMITTER (Please print)		AMOUNT OF PAYMENT \$	
STREET AND NO.		DATE PAID	
CITY AND STATE		DESCRIPTION OF REMITTANCE	
NAME OF INSURED (If other than remitter)		MONEY OTHER	
SOCIAL SECURITY NO. OR VA CLAIM NO.	INSURANCE POLICY NO(S)	(Check, if new insurance) NEW INS	
AGENT CASHIER OR COLLECTIONS CLERK	NAME AND LOCATION OF S	TATION	

VA FORM MAY 1992(R) **367**

ORIGINAL 1

CASH CONTROL FUNCTION 2

COLLECTION UNIT 3

AGENT CASHIER OR COLLECTION CLERK 4

DEDARTMENT OF VETERANS AS			
DEPARTMENT OF VETERANS AFFAIRS		RECEIPT NO.	
COUNTER RECEIPT - GOVERNMENT LIFE INSURANCE		A	
IMPORTANT: This payment will be applied			
account(s) in accordance with Department of Veterans Affairs regulations.			
NAME OF REMITTER (Please print)		AMOUNT OF PAYMENT	
		\$	
STREET AND NO.		DATE PAID	
CITY AND STATE		DESCRIPTION OF REMITTANCE	
NAME OF INSURED (If other than remitter)		CASH CHECK	
		MONEY OTHER	
SOCIAL SECURITY NO. OR VA CLAIM NO.	INSURANCE POLICY NO(S)	(Check, if new insurance)	
		LI INS	
AGENT CASHIER OR COLLECTIONS CLERK	NAME AND LOCATION OF STATION		
MAY 1992(R) 367		COLLECTION UNIT 3	
MAY 1992(R)			
NAT 1932(N)	FAIDS	RECEIPT NO.	
DEPARTMENT OF VETERANS AF	_		
DEPARTMENT OF VETERANS AF COUNTER RECEIPT - GOVERNMENT LIF	E INSURANCE	RECEIPT NO.	
DEPARTMENT OF VETERANS AF COUNTER RECEIPT - GOVERNMENT LIF IMPORTANT: This payment will be applied	E INSURANCE to the insured's Gove	RECEIPT NO. A rnment Life Insurance	
DEPARTMENT OF VETERANS AF COUNTER RECEIPT - GOVERNMENT LIF	E INSURANCE to the insured's Gove	RECEIPT NO. A rnment Life Insurance	
DEPARTMENT OF VETERANS AF COUNTER RECEIPT - GOVERNMENT LIF IMPORTANT: This payment will be applied account(s) in accordance with Department of	E INSURANCE to the insured's Gove	RECEIPT NO. A rnment Life Insurance llations. AMOUNT OF PAYMENT	
DEPARTMENT OF VETERANS AF COUNTER RECEIPT - GOVERNMENT LIF IMPORTANT: This payment will be applied account(s) in accordance with Department of	E INSURANCE to the insured's Gove	RECEIPT NO. A The second of	
DEPARTMENT OF VETERANS AF COUNTER RECEIPT - GOVERNMENT LIF IMPORTANT: This payment will be applied account(s) in accordance with Department of NAME OF REMITTER (Please print)	E INSURANCE to the insured's Gove	RECEIPT NO. A The second of t	
DEPARTMENT OF VETERANS AF COUNTER RECEIPT - GOVERNMENT LIF IMPORTANT: This payment will be applied account(s) in accordance with Department of NAME OF REMITTER (Please print) STREET AND NO.	E INSURANCE to the insured's Gove	RECEIPT NO. A Inment Life Insurance Ilations. AMOUNT OF PAYMENT \$ DATE PAID	
DEPARTMENT OF VETERANS AF COUNTER RECEIPT - GOVERNMENT LIF IMPORTANT: This payment will be applied account(s) in accordance with Department of NAME OF REMITTER (Please print) STREET AND NO. CITY AND STATE	E INSURANCE to the insured's Gove	RECEIPT NO. A The second of t	
DEPARTMENT OF VETERANS AF COUNTER RECEIPT - GOVERNMENT LIF IMPORTANT: This payment will be applied account(s) in accordance with Department of NAME OF REMITTER (Please print) STREET AND NO.	E INSURANCE to the insured's Gove	RECEIPT NO. A rnment Life Insurance llations. AMOUNT OF PAYMENT \$ DATE PAID DESCRIPTION OF REMITTANCE	
DEPARTMENT OF VETERANS AF COUNTER RECEIPT - GOVERNMENT LIF IMPORTANT: This payment will be applied account(s) in accordance with Department of NAME OF REMITTER (Please print) STREET AND NO. CITY AND STATE	E INSURANCE to the insured's Gove	RECEIPT NO. A Tomment Life Insurance Illations. AMOUNT OF PAYMENT \$ DATE PAID DESCRIPTION OF REMITTANCE CASH CHECK MONEY ORDER OTHER	

VA FORM MAY 1992(R) **367** **AGENT CASHIER OR COLLECTION CLERK 4**